

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**Medical Assistance Administration**  
**Olympia Washington**

**To:** Pharmacists  
DME Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No.:** 03-04 MAA  
**Issued:** February 1, 2003  
**Supersedes:** 01-65 MAA

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject:** Revised Fee Schedule for “Other” Durable Medical Equipment

**Effective for claims with dates of service on and after February 1, 2003**, the Medical Assistance Administration (MAA) will begin using the attached fee schedule for MAA’s Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions.

Attached to this memo are replacement pages J.1-J.30 for MAA’s Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated September 2001. These replacement pages include rebased maximum allowable fees for Other Durable Medical Equipment and Supplies only.

To obtain this memorandum electronically, go to MAA’s website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

**Who do I contact for reimbursement issues, questions, or comments?**

DME Rate Analyst  
Division of Business and Finance  
Medical Rates Section  
PO Box 45510  
Olympia, WA 98504-5510  
Telephone #: (360) 725-1845  
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## **Beds, Mattresses And Related Equipment**

<b>Procedure Code</b>	<b>Description</b>	<b>Rental (RR)</b>	<b>Purchase (1P)</b>
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in the nursing facility daily rate.	\$83.63	\$836.30
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$70.11	\$701.10
E0294	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$130.01	\$1,300.10
E0295	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$120.97	\$1,209.70
E0296	Hospital bed, full electric (head, foot, and height adjustments), without side rails, with mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$163.38	\$1,633.80
E0297	Hospital bed, full electric (head, foot, and height adjustments), without side rails, without mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$139.97	\$1,399.70

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0328E	<del>Infant crib, steel or chrome-plate frame. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one year's rental. Included in nursing facility daily rate.</del> <b>Discontinued with dates of service on and after February 1, 2003.</b>		
0329E	Pediatric crib, 36" x 60", steel or chrome-plate frame. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$431.20	\$4,312.00
0330E	Adult crib, 39" x 85", steel or chrome-plate frame. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$419.20	\$4,192.00
0906E	Youth crib, 36" x 72", steel or chrome-plate frame. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$456.00	\$4,560.00
0931E	Low air loss mattress without bed frame. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b>	\$40.26/day	\$12,078.00
0196E	Low air loss mattress overlay. <b>Requires prior authorization.</b> Modifier required (RR or 1P). <b>Deemed purchased after 1 year's rental.</b>	\$25.44/day	\$7,632.00
0197E	Air fluidized flotation system including bed frame. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b>	\$95.40/day	\$28,620.00
0916E	Specialty heavy-duty bed complete, including frame (i.e., Burke, Baricare, Magnum II, etc). For clients over 450 lbs. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b>	\$31.21/day	\$9,363.20

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0917E	V.A.C. (Vacuum Assisted Closure) unit & Mini V.A.C., includes all dressings, connectors and canisters. <b>Rental only. Requires prior authorization.</b>	\$92.12/day	
0918E	Vail 1000/2000 Enclosed Bed; includes manual adjustable bed, 42" x 80" mattress, padded covered side rails, enclosure frame, pads and pad covers, canopy cover, custom padded side rails, bed skirts and border. <b>Purchase only. Requires prior authorization.</b> Included in nursing facility daily rate.		\$4,360.00
E0271	Mattress, inner spring. Included in nursing facility daily rate. <b>Rental requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b>	\$22.10	\$220.94
E0197	Air pressure pad for mattress. Included in nursing facility daily rate. <b>Rental requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b>	\$22.10	\$220.49
E0185	Gel or gel-like pressure pad for mattress. Included in nursing facility daily rate. <b>Rental requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b>	\$31.82	\$318.28
0348E	Acrylic bubble top for crib, any size. <b>Purchase only. Limit 1 per client every 5 years.</b> Included in nursing facility daily rate.		\$518.40
E0190	Decubitus care mattress; includes flotation or gel mattress. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. Included in nursing facility daily rate.	B.R.	B.R.

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
A4640	Replacement pad for use with medically necessary alternating pressure pad <u>owned by patient</u> . <b>Purchase only.</b> Included in nursing facility daily rate.		\$56.39
E0180	Pressure pad, alternating with pump. <b>Rental requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$21.47	\$214.70
E0181	Pressure pad, alternating with pump; heavy duty. For clients over 250 lbs. <b>Rental requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$23.80	\$238.00
E0182	Pump for alternating pressure pad. <b>Replacement purchase only.</b> Included in nursing facility daily rate.		\$260.60
E0199	Dry pressure pad for mattress, standard mattress length and width. <b>Purchase only.</b> Included in nursing facility daily rate.		\$31.89
E0310	Bed side rails, full length, pair. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$19.31	\$193.18
E0305	Bed side rails, half length, pair. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$17.71	\$177.10

## Other Patient Room Equipment

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0920	Fracture frame, attached to bed. Includes weights. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$42.46	\$424.60
E0930	Fracture frame, free-standing, includes weights. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$45.46	\$454.60
E0946	Fracture frame, dual with cross bars and loops, attached to bed (e.g., Balken, 4-poster). Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$58.87	\$588.70
E0947	Fracture frame, attachments for complex pelvic traction. <b>Purchase only.</b> Included in nursing facility daily rate.		\$512.94
E0948	Fracture frame, attachments for complex cervical traction. <b>Purchase only.</b> Included in nursing facility daily rate.		\$583.69
E0840	Traction frame, attached to headboard, simple cervical traction. <b>Purchase only.</b> Included in nursing facility daily rate.		\$72.91
E0860	Traction equipment, over-door, cervical. <b>Purchase only.</b> Included in nursing facility daily rate.		\$38.02
E0870	Traction frame, attached to footboard, simple extremity traction. <b>Purchase only.</b> Included in nursing facility daily rate.		\$115.73

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0890	Traction frame, attached to footboard, simple pelvic traction. <b>Purchase only.</b> Included in nursing facility daily rate.		\$119.81
E0910	Trapeze bar, bed mount with grab bar. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Requires prior authorization.</b>	\$18.59	\$185.90
E0940	Trapeze bar, free-standing, with grab bar. Modifier (RR or 1P) required. <b>Rental requires prior authorization.</b> Included in nursing facility daily rate. <b>Deemed purchased after 1 year's rental.</b>	\$34.60	\$346.00
E0621	Sling or seat, patient lift, canvas or nylon. <b>Purchase only.</b> Included in nursing facility daily rate.		\$95.52
0626E	Patient lift, screw drive, complete except for sling. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Including in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$145.60	\$1,456.00
E0630	Patient lift, hydraulic, with seat or sling. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$101.38	\$1,013.80
E0635	Patient lift, electric, with seat or sling. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Requires prior authorization.</b>	\$356.59	\$3,565.92
E0972	Transfer board or device. <b>Purchase only.</b> Included in nursing facility daily rate.		\$46.53



**Positioning Devices**

Procedure Code	Description	Rental (RR)	Purchase (1P)
0324E	Side-lying boards, up to 48" long with adjustable angle back boards and straps. Included in nursing facility daily rate. <b>Purchase only. Discontinued with dates of service on and after February 1, 2003.</b>		
0325E	Side-lying boards, up to 72" long with adjustable angle back boards and straps. Included in nursing facility daily rate. <b>Purchase only. Discontinued with dates of service on and after February 1, 2003.</b>		
0326E	Deluxe floor sitter/feeder seat, small. Includes floor sitter wedge, shoulder harness and hip strap. <b>Limit of 1 per client every 3 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$235.56
0357E	Deluxe floor sitter/feeder seat, medium. Includes floor sitter wedge, shoulder harness and hip strap. <b>Limit of 1 per client every 3 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$283.40
0368E	Deluxe floor sitter/feeder seat, large. Includes floor sitter wedge, shoulder harness and hip strap. <b>Limit of 1 per client every 3 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$358.84
0414E	Hydraulic standing frame; includes padded seat, knee support, foot plates, foot straps, formed table and cup holder, hydraulic actuator and plastic casters. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$215.60	\$2,156.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0913E	High back activity chair (for child/adult 41"-70" tall). Includes adjustable footrest, two pairs of support blocks and hip strap. <b>Limit of 1 per client every 3 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$473.88
0331E	Positioning system/supine boards, small. Includes padding, straps, adjustable armrests, footboard and support blocks. <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$1,747.20
0332E	Positioning system/supine boards, large. Includes padding, straps, adjustable armrests, footboard and support blocks. <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$2,156.00
0333E	Positioning block/wedge. Included in nursing facility daily rate. <b>Purchase only.</b>		\$30.04
0335E	Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps. <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$1,408.00
0336E	Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps. <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$1,782.40
0363E	Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$1,782.00
0364E	Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$2,010.40

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0904E	Adjustable standing frame. Includes 2 padded back support blocks, chest strap, pelvic strap, pair of knee blocks, abductor and foot blocks (for child/adult 30"-68" tall). <b>Limit of 1 per client every 5 years. Purchase only.</b>		\$1,116.00
0366E	Abductor wedge for prone stander for youth/adult up to 75" tall. Included in nursing facility daily rate. <b>Purchase only.</b>		\$140.80
0367E	Tray for all positioning equipment, any size. Included in nursing facility daily rate. <b>Purchase only.</b>		\$262.36

**Noninvasive Bone Growth/Nerve Stimulators**

<b>Procedure Code</b>	<b>Description</b>	<b>Rental (RR)</b>	<b>Purchase (1P)</b>
E0730	Transcutaneous electrical nerve stimulator (TENS), 4 leads, large area/multiple nerve stimulation. Modifier (RR or 1P) required. Includes 4 lead wires, 4 electrodes, battery charger and gel. <b>(See criteria for prior authorization requirements on rentals.) Purchase requires prior authorization.</b>	\$36.87	\$368.73
E0747	Osteogenesis stimulator, electrical noninvasive, other than spinal applications. <b>Purchase only. (See criteria for prior authorization requirements.)</b>		\$3,509.76
E0748	Osteogenesis stimulator, electrical noninvasive, spinal applications. <b>Purchase only. (See criteria for prior authorization requirements.)</b>		\$3,487.02

## Communication Devices

Procedure Code	Description	Rental (RR)	Purchase (1P)
0232E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
0233E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
0209E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
0210E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
0211E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
0213E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
0234E	<i>Discontinued with dates of service on and after November 1, 2002.</i>		
K0541	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time. <b>Purchase only. Requires prior authorization.</b>		\$389.13
K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time. <b>Purchase only. Requires prior authorization.</b>		\$1,504.03
K0543	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device. <b>Purchase only. Requires prior authorization.</b>		\$3,558.93

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
K0544	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. <b>Purchase only. Requires prior authorization.</b>		\$6,734.78
K0546	Accessory for speech generating device, mounting system (rigid). <b>Purchase only. Requires prior authorization.</b>		\$416.93
K0547	Accessory for speech generating device, not otherwise classified. <b>Purchase only. Requires prior authorization.</b>		B.R.
0100E	Artificial larynx, complete with battery, charger and carrying case. <b>Purchase only.</b>		\$594.15
0110E	<i><b>Discontinued with dates of service on and after November 1, 2002.</b></i>		

## Ambulatory Aids

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0100	Cane; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. <b>Purchase only.</b>		\$20.97
E0105	Cane, quad or three-prong; made of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. <b>Purchase only.</b>		\$48.87
E0110	Crutches, forearm; various materials, adjustable or fixed; with tips/handgrips; pair Included in nursing facility daily rate. <b>Purchase only.</b>		\$77.21
E0111	Crutches, forearm, all materials, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$53.00
E0112	Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips. Included in nursing facility daily rate. <b>Purchase only.</b>		\$36.82
E0113	Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. <b>Purchase only.</b>		\$21.03
E0114	Crutches, underarm; aluminum; adjustable or fixed; per pair, with pads, tips and handgrips. Included in nursing facility daily rate. <b>Purchase only.</b>		\$44.29
E0116	Crutch, underarm; aluminum; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. <b>Purchase only.</b>		\$23.70
A4635	Underarm pad, crutch, replacement, each. Included in nursing facility daily rate <b>Purchase only.</b>		\$5.09
A4636	Handgrip, cane, crutch, or walker. Included in nursing facility daily rate. <b>Purchase only.</b>		\$4.18

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
A4637	Replacement tip, cane, crutch, or walker. Included in nursing facility daily rate. <b>Purchase only.</b>		\$1.80
E0153	Platform attachment, forearm crutch, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$68.34
0115E	Heavy duty walker; folding (pickup), adjustable or fixed height (for clients 251 to 500 lbs). Included in nursing facility daily rate. <b>Purchase only.</b>		\$110.44
E0130	Walker; rigid (pickup), adjustable or fixed height. Included in nursing facility daily rate. <b>Purchase only.</b>		\$69.89
0134E	Walk aid with seat, wheels and wheel locks. Included in nursing facility daily rate. <b>Purchase only.</b>		\$384.77
E0135	Walker; folding (pickup), adjustable or fixed height. Included in nursing facility daily rate. <b>Purchase only.</b>		\$83.43
E0154	Platform attachment, walker, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$70.16
E0143	Folding walker, wheeled, without seat. <b>Purchase only.</b>		\$119.63
E0155	Wheel attachment, rigid up-right walker. Included in nursing facility daily rate. <b>Purchase only.</b>		\$26.70
E0157	Crutch attachment, walker, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$76.89
E0158	Leg extensions for a walker. Included in nursing facility daily rate. <b>Purchase only.</b>		\$32.02



## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0337E	Positioning walker, two-wheeled, pediatric/adult. Included in nursing facility daily rate. <b>Purchase only.</b>		\$170.01
0338E	Positioning walker, 4-wheeled; pediatric/adult. Included in nursing facility daily rate. <b>Purchase only.</b>		\$233.81
0349E	<del>Positioning walker, 4-wheeled, brakes, seat. Included in nursing facility daily rate.</del> <del><b>Purchase only.</b></del> <i>Discontinued with dates of service on and after February 1, 2003.</i> <i>Replaced by procedure code 0134E.</i>		
0127E	Glide brakes. Included in nursing facility daily rate. <b>Purchase only.</b>		\$24.48
0245E	Gait trainer, small, 19 inch, includes arm, hip and thigh prompts. <b>Purchase only. Prior authorization required.</b> Included in nursing facility daily rate.		\$1,199.20
0243E	Gait trainer, medium, includes arm and hip prompts. <b>Purchase only. Prior authorization required.</b> Included in nursing facility daily rate.		\$1,147.20

**Bathroom Equipment***All rentals require prior authorization.*

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0163	Commode chair, stationary, with fixed arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$10.97	\$109.74
E0165	Commode chair, stationary, with detachable arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$18.49	\$184.90
E0166	Commode chair, mobile, with detachable arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$28.14	\$281.40
E0164	Commode chair, mobile, with fixed arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$18.05	\$180.51
0341E	Commode, 3-in-1. Included in nursing facility daily rate. <b>Purchase only.</b>		\$61.74
0246E	Commode, extra wide drop-arm. For clients over 250 lbs. Modifier (RR or 1P) required. <b>Rental requires prior authorization. Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$60.80	\$608.00
0339E	Extra wide commode (weight up to 400 lbs). Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$15.84	\$158.42
E0167	Pail or pan, for use with rental commode chair, or replacement pail or pan. <b>Included in purchase price of commode.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$11.94

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0152E	Shower, hand-held. Included in nursing facility daily rate. <b>Purchase only.</b>		\$24.42
0922E	Extension legs, bath chairs. <b>Purchase only.</b>		\$115.00
0923E	Bath tub stand. <b>Purchase only.</b>		\$202.40
E0245	Tub stool or bench. <b>Purchase only.</b> Included in nursing facility daily rate.		\$86.12
0323E	Padded transfer bath bench, with or without commode cutout. <b>Purchase only.</b> Included in nursing facility daily rate.		\$232.13
0136E	Bath bench, transfer tub with back, adjustable height, with or without commode cutout. Included in nursing facility daily rate. <b>Purchase only.</b>		\$162.82
0137E	Bath seat without back. Included in nursing facility daily rate. <b>Purchase only.</b>		\$31.46
0138E	<del>Bath seat with back, adjustable height. Included in nursing facility daily rate. <b>Purchase only.</b></del> <b>Discontinued with dates of service on and after February 1, 2003.</b>		
0924E	Heavy duty bath chair (for clients over 250 lbs.). Included in nursing facility daily rate. <b>Purchase only.</b>		\$159.20
0111E	Heavy duty shower/commode chair, wheeled (for clients over 250 lbs.). Caster or wheelchair style. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$113.60	\$1,136.00
0112E	Heavy duty padded or unpadded transfer tub bench (250 to 400 lbs.). Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$24.78	\$247.80

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0133E	Padded wheeled, wheelchair style, shower commode chair. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$146.56	\$1,465.60
0307E	Reclining wheelchair style shower/commode chair. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$172.56	\$1,725.60
0155E	<del>Shower/commode chair, wheeled, wheelchair style. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after one year's rental.</b> Included in nursing facility daily rate.</del> Discontinued. <i>Discontinued with dates of service on and after February 1, 2003. Replaced by procedure code 0907E.</i>		
0907E	Rehab wheelchair style shower/commode chair. <b>Requires prior authorization.</b> Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$107.60	\$1,076.00
0159E	Padded or unpadded shower/commode chair, wheeled, with casters. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.	\$59.48	\$594.80
0352E	Adjustable bath/shower chair with back. Included in nursing facility daily rate. <b>Purchase only.</b>		\$59.12
0353E	Adjustable bath/shower chair with back, padded seat. Included in nursing facility daily rate. <b>Purchase only.</b>		\$340.00
0354E	Pediatric bath chair; includes head pad, chest and leg straps. Included in nursing facility daily rate. <b>Purchase only.</b>		\$487.20

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0908E	Positioning belt for shower/commode chair. Included in nursing facility daily rate. <b>Purchase only.</b>		\$36.00
E0242	Bath tub rail, floor base, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$32.60
0914E	Wrap-around bath support, small. Width 8.5", height adjusts from 8" to 12". Included in nursing facility daily rate. <b>Purchase only.</b>		\$319.20
0921E	Wrap-around bath support, medium. Width 12", height adjusts from 10" to 14.5". Included in nursing facility daily rate. <b>Purchase only.</b>		\$343.20
0355E	Youth bath chair, includes head pad, chest and leg straps. Included in nursing facility daily rate. <b>Purchase only.</b>		\$540.00
0356E	Adult bath chair, includes head pad, chest and leg straps. Included in nursing facility daily rate. <b>Purchase only.</b>		\$600.00
0153E	Grab bar, L-shaped (left or right), each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$48.03
0154E	Grab bar, bath tub edge, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$30.23
E0241	Bathtub wall rail, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$20.88
0149E	Padded raised toilet seat. Included in nursing facility daily rate. <b>Purchase only.</b>		\$52.06
0157E	Toilet seat, raised, with mounting brackets. Included in nursing facility daily rate. <b>Purchase only.</b>		\$109.82
E0244	Raised toilet seat. Included in nursing facility daily rate. <b>Purchase only.</b>		\$39.26

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0350E	Toilet seat, multiposition. Included in nursing facility daily rate. <b>Purchase only.</b>		\$41.98
0158E	Toilet safety side frame with mounting brackets. Included in nursing facility daily rate. <b>Purchase only.</b>		\$37.24
0351E	Toilet rails, per pair. Included in nursing facility daily rate. <b>Purchase only.</b>		\$57.36
E0243	Toilet rail, each. Included in nursing facility daily rate. <b>Purchase only.</b>		\$54.35
0244E	Toilet support adult/child. Included in nursing facility daily rate. <b>Purchase only.</b>		\$414.04
0360E	Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back. <b>Purchase only.</b> Modifier (1P) required. Included in nursing facility daily rate.		\$1,143.85
0361E	Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back. <b>Purchase only.</b> Modifier (1P) required. Included in nursing facility daily rate.		\$1,334.65
E0275	Bed pan, standard, metal or plastic. <b>Purchase only.</b>		\$15.23
E0276	Bed pan, fracture, metal or plastic. <b>Purchase only.</b>		\$11.25
0114E	Lift, bath, hydraulic. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>	\$78.28	\$782.82
0912E	Tub adapter for patient lift. Intended for use on non-fiberglass bath tubs. <b>Purchase only.</b>		\$558.60
E0325	Urinal; male, jug-type, any material. <b>Purchase only.</b> Included in nursing facility daily rate.		\$10.06

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0326	Urinal; female, jug-type, any material. <b>Purchase only.</b> Included in nursing facility daily rate.		\$10.45
0113E	Slider shower chair and tub frame bathing system. A rolling shower chair and removable tub frame with total lock casters, pull-out footrests, two swing-away arms, adjustable tension back, push handle, seat belt and padded commode seat with open front. <b>Requires prior authorization.</b> Modifiers (RR or 1P) required. Included in nursing facility daily rate. <b>Deemed purchased after 1 year's rental.</b>	\$143.92	\$1,439.20
0131E	Tilt-in-Space shower/commode chair, 30 degree tilt, height adjustable swing-away removable arms, elevating legrests, padded seat, back and arms, and pelvis and trunk support belt. <b>Requires prior authorization.</b> Modifiers (RR or 1P) required. Included in nursing facility daily rate. <b>Deemed purchased after 1 year's rental.</b>	\$190.56	\$1,905.60
0128E	Other unlisted bathroom accessories not otherwise listed. Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. <b>Requires prior authorization. Purchase only.</b>		B.R.

## **Blood Monitoring**

<b>Procedure Code</b>	<b>Description</b>	<b>Rental (RR)</b>	<b>Purchase (1P)</b>
E0607	Home blood glucose monitor. <b>Purchase only. Limit of 1 per client, per 3 years.</b>		\$66.49
E0609	Specialized blood glucose monitor. <b>Requires prior authorization. Purchase only. Limit of 1 per client, per 3 years.</b>		\$578.72
A4660	Sphygmomanometer/blood pressure kit. <b>Purchase only.</b>		\$31.45
A4663	Blood pressure cuff only. <b>Purchase only.</b>		\$26.11
A4670	Automatic blood pressure monitor. <b>Purchase only.</b>		\$91.56



## Support Devices/Orthotics

*All items in this category are for PURCHASE ONLY.*

Procedure Code	Description	Oct 2002 Maximum Allowable
L0110	Cervical craniostenosis, helmet, nonmolded	\$116.00
L0120	Cervical, flexible, nonadjustable (foam collar)	\$26.34
L0140	Cervical, semi-rigid, adjustable (plastic collar)	\$63.55
L0172	Cervical collar, semi-rigid, thermoplastic foam, two piece	\$102.09
L0210	Thoracic, rib belt	\$32.97
L0300	TLSO, flexible (dorso lumbar surgical support). If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$170.89
L0500	LSO, flexible (lumbo-sacral surgical support). If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$134.63
L0515	LSO, flexible (lumbo-sacral surgical support) elastic type, with rigid posterior panel. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$152.42
L0600	Sacroiliac, flexible (sacroiliac surgical support) fitted. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$89.98
L0900	Torso support, ptosis support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$140.77
L0920	Torso support, pendulous abdomen support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$139.72

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Oct 2002 Maximum Allowable
L0940	Torso support, post surgical support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$134.53
L0960	Torso support, post surgical support, pads for post surgical support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$53.11
L0978	Axillary crutch extension	\$152.78
L0980	Peroneal straps, pair	\$13.83
L0982	Stocking supporter grips, set of four (4)	\$12.90
L1800	KO, elastic with stays	\$50.28
L1810	KO, elastic with joints	\$84.89
L1815	KO, elastic or other elastic type material with condylar pad(s)	\$87.52
L1820	KO, elastic with condylar pads and joints	\$107.40
L1825	KO, elastic knee cap	\$47.82
L1830	KO, immobilizer, canvas longitudinal	\$83.24
L1902	AFO, ankle gauntlet	\$72.88
L1906	AFO, multi ligamentus ankle support	\$89.54
L3650	SO, figure of eight design abduction restrainer	\$46.05
L3660	SO, figure of eight design abduction restrainer, canvas and webbing	\$74.88
L3670	SO, acromio/clavicular (canvas and webbing type)	\$85.64
L3700	EO, elastic with stays	\$57.43

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Oct 2002 Maximum Allowable
L3710	EO, elastic with metal joints	\$90.07
L3908	WHO, wrist extension control cock-up, non molded	\$58.21
L3912	HFO, flexion glove with elastic finger control	\$92.13
L3914	WHO, wrist extension cock-up	\$72.42
L3916	WHFO, wrist extension cock-up, with outrigger	\$98.12
L3918	HFO, knuckle bender	\$62.06
L3920	HFO, knuckle bender, with outrigger	\$81.48
L3922	HFO, knuckle bender, two segment to flex joints	\$94.99
L3924	WHFO, Oppenheimer	\$103.59
L3926	WHFO, Thomas suspension	\$71.89
L3928	HFO, finger extension, with clock spring	\$46.24
L3930	WHFO, finger extension, with wrist support	\$44.83
L3932	FO, safety pin, spring wire	\$39.62
L3934	WHFO, safety pin, modified	\$46.81
L3936	WHFO, Palmer	\$86.53
L3938	WHFO, dorsal wrist	\$89.06
L3940	WHFO, dorsal wrist, with outrigger attachment	\$104.44
L3942	HFO, reverse knuckle bender	\$56.62
L3944	HFO, reverse knuckle bender, with outrigger	\$76.61

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Oct 2002 Maximum Allowable
L3946	HFO, composite elastic	\$86.09
L3948	FO, finger knuckle bender	\$40.50
L3950	WHFO, combination Oppenheimer, with knuckle and two attachments	\$128.23
L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments	\$161.68
L3954	HFO, spreading hand	\$88.49
L4350	Pneumatic ankle control splint (e.g., aircast)	\$73.29
L4380	Pneumatic knee splint (e.g., aircast)	\$102.57
L8000	Breast prosthesis, mastectomy bra	\$32.77
L8010	Breast prosthesis, mastectomy sleeve	\$57.97
L8300	Truss, single with standard pad	\$83.14
L8310	Truss, double with standard pads	\$116.44
L8320	Truss, addition to standard pad, water pad	\$44.33
L8330	Truss, addition to standard pad, scrotal pad	\$39.16

**Miscellaneous Durable Medical Equipment**

<b>Procedure Code</b>	<b>Description</b>	<b>Rental (RR)</b>	<b>Purchase (1P)</b>
0170E	Breast pump, electric, complete system. Hospital grade. Modifier (RR) required. <b>Rental only. (See criteria for prior authorization requirements.)</b>	\$2.79/day	
0179A	Breast pump, manual, complete system. <b>Purchase only.</b>		\$33.89
0167E	Lightweight protective helmet/soft shell, including adjustable chin/mouth. <b>Limit of two per client, per year.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$132.86
0168E	Lightweight, ventilated hardshell helmet, including unbreakable face bar, woven chin strap w/adjustable buckle and snap fastener, and one set of cushion pads for adjusting fit from 18" to 25" head circumference. <b>Limit of two per client, per year.</b> Included in nursing facility daily rate. <b>Purchase only.</b>		\$142.60
0169E	Bilirubin light, bili-lite pad. <b>Limit of 5 days per client per 12-month period. Rental only.</b>	\$4.00/day	
0181A	Breast pump kit, electric. <b>Purchase only.</b>		\$37.92
0903E	Gastric suction pump. Requires (RR) modifier. <b>Requires prior authorization.</b>	\$54.96	
E0650	Pneumatic compressor, nonsegmental home model. Modifier (RR or 1P) required. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>(See criteria for prior authorization on rentals.)</b>	\$71.66	\$716.65
0857E	Extremity sleeves (e.g., Jobst, B.R. Huntleigh). <b>Purchase only.</b>		80%

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	Rental (RR)	Purchase (1P)
0132E	Orthopedic positioning car seat. (5 years and older) Included in nursing facility daily rate. <b>Purchase only.</b>		\$640.74
E0935	Continuous passive motion system, complete. <b>Rental allowed for maximum of 10 days.</b> Modifier (RR) required. <b>(See criteria for prior authorization requirements).</b>	\$22.61/day	
0936E	Continuous passive motion softgoods kit. <b>Purchase only.</b>		\$36.12
0937E	Diaphragmatic pacing antennae; <b>Purchase only.</b> <b>Limit of 4 per client, per year.</b>		\$206.40

## Other Charges For DME Services

Procedure Code	Description	Rental (RR)	Purchase (1P)
0900E	Parts, other than wheelchairs. <b>Requires prior authorization. Purchase only.</b> Modifier (1P) required.		80%
0920E	Labor, other DME repairs, per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items). <b>Requires prior authorization. For client owned equipment only.</b>		\$17.43
0001E	Other nonlisted durable medical equipment not otherwise listed. Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. <b>Requires prior authorization.</b> Modifier (RR or 1P) required.	B.R.	B.R.

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